

Application Data Sheet 37 CFR 1.76	Attorney Docket Number	61810-5002-US02
	Application Number	10/581,566
Title of Invention PRACTICAL, COST-EFFECTIVE SYNTHESIS OF UBIQUINONES		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>		

## Secrecy Order 37 CFR 5.2

- ☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

## Applicant Information:

<b>Applicant 1</b>					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Bruce	H.	Lipshutz		
Residence Information (Select One) <input type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Goleta	State/Province	CA	Country of Residence	US
Citizenship under 37 CFR 1.41(b)		United States			
Mailing Address of Applicant:					
Address 1		452 Albany Court			
City	Goleta	State/Province	CA		
Postal Code	93117	Country	US		
<b>Applicant 2</b>					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Volker		Berl		
Residence Information (Select One) <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Strasbourg	State/Province		Country of Residence	France
Citizenship under 37 CFR 1.41(b)		Federal Republic of Germany			
Mailing Address of Applicant:					
Address 1		2, rond point de l'Esplanade			
Address 2					
City	Strasbourg	State/Province			
Postal Code	67000	Country	France		

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<b>Applicant 3</b>					
<b>Applicant Authority</b> <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
<b>Prefix</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Family Name</b>	<b>Suffix</b>	
	Karin		Schein		
<b>Residence Information (Select One)</b> <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
<b>City</b>	Ludwigshafen	<b>State/Province</b>		<b>Country of Residence</b>	Federal Republic of Germany
<b>Citizenship under 37 CFR 1.41(b)</b>		Federal Republic of Germany			
<b>Mailing Address of Applicant:</b>					
<b>Address 1</b>		Krongasse 17			
<b>City</b>	Ludwigshafen	<b>State/Province</b>			
<b>Postal Code</b>	57065	<b>Country</b>	Federal Republic of Germany		
<b>Applicant 4</b>					
<b>Applicant Authority</b> <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
<b>Prefix</b>	<b>Given Name</b>	<b>Middle Name</b>	<b>Family Name</b>	<b>Suffix</b>	
	Frank		Wetterich		
<b>Residence Information (Select One)</b> <input type="checkbox"/> US Residency <input checked="" type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
<b>City</b>	Wachenheim	<b>State/Province</b>		<b>Country of Residence</b>	Federal Republic of Germany
<b>Citizenship under 37 CFR 1.41(b)</b>		Federal Republic of Germany			
<b>Mailing Address of Applicant:</b>					
<b>Address 1</b>		Hans-Willmann-Str. 11			
<b>City</b>	Wachenheim	<b>State/Province</b>			
<b>Postal Code</b>	67157	<b>Country</b>	Federal Republic of Germany		
All Inventors Must Be Listed - Additional Inventor Information blocks may be produced within this form by adding a row beneath this row.					

**Correspondence Information:**

Enter either Customer Number or complete the Correspondence Information section below.  
For further information see 37 CFR 1.33(a).

☒ An Address is being provided for the correspondence information of this application.

Customer Number 43850

Email Address tesker@morganlewis.com

**Application Information:**

Title of the Invention	PRACTICAL, COST-EFFECTIVE SYNTHESIS OF UBIQUINONES		
Attorney Docket Number	61810-5002-US02	Small Entity Status Claimed <input checked="" type="checkbox"/>	
Application Type	Regular		
Subject Matter			
Suggested Class (if any)	514/690	Sub Class (if any)	
Suggested Technology Center (if any)	1617		
Total Number of Drawing Sheets (if any)	4	Suggested Figure for Publication (if any)	1

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<b>Application Data Sheet 37 CFR 1.76</b>		Attorney Docket Number	61810-5002-US02
		Application Number	10/581,566
Title of Invention	PRACTICAL, COST-EFFECTIVE SYNTHESIS OF UBIQUINONES		

**Publication Information:**

<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/>	Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

**Representative Information:**

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="checkbox"/> Customer Number	<input type="checkbox"/> US Patent Practitioner	<input type="checkbox"/> US Representative (37 CFR 11.9)
Customer Number	43850		

**Domestic Priority Information:**

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status			
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
This application	National Phase of	PCT/US2004/040565	2004-12-04
PCT/US2004/040565	<i>An application claiming the benefit under 35 USC 119(e)</i>	60/527,513	2003-12-05

Additional Domestic Priority Data may be produced within this form by adding a row beneath this row.

**Foreign Priority Information:**

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Application Number	Country	Filing Date (YYYY-MM-DD)	Priority Claimed
PCT/US2004/040565	WO	2004-12-04	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Additional Foreign Priority Data may be produced within this form by adding a row beneath this row.

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**Assignee Information:**

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

**Assignee 1**

If the Assignee is an Organization check here. ☐

Prefix	Given Name	Middle Name	Family Name	Suffix

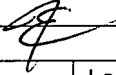
**Mailing Address Information:**

Address 1			
Address 2			
City		State/Province	
County		Postal Code	
Phone Number		Fax Number	
Email Address			

Additional Assignee Data be produced within this form by adding a row beneath this row.

**Signature:**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	2007-05-18	
First Name	Todd	Last Name	Esker	Registration Number	46,690